

BONENT 2017 Northeast Dialysis Seminar

Sunday, August 20, 2017

FACILITY REGISTRATION FORM

(ONLY for 5+ BONENT Attendees from same facility)



Please Print clearly (all info below is required)

Legal First Name _____ Last Name _____ First Name (for your seminar nametag) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

(_____) _____ (_____) _____ - _____
Home Phone _____ Cell Phone _____

Email Address (*Required to send your confirmation*) _____

Are you BONENT Certified? No Yes: ID# _____

(Your Annual Certification Fee must be paid up-to-date to receive the BONENT member discount below.)

To Qualify for the Facility Discount:

You **MUST** Register altogether with this form received by **August 3rd 2017.**

Send items below **altogether** in **one envelope** by mail or **overnight courier**, including:

- Letter from facility manager confirming employment of attendee list
- Facility Registration Form (for each attendee)
- One payment for all, or individual payments accepted.

Registration Fee Includes Lunch

	Registration Fee ONLY if Received by 8/3/17	TOTAL
BONENT Certified Annual Certification Fees are paid up-to-date	\$99.	
Other	\$129.	
Less Facility Discount:		
5-9 Attendees (\$ 5 ea.)	
10-14 Attendees (\$8 ea.)	
15+ Attendees (\$10 ea.)	
TOTAL	----	\$

CONFIRMATION

After your registration is processed, you will receive an email confirmation to admit you into the seminar.

If you do NOT receive it by Aug 15th, call 202-462-1252, ext 12 or 15.

**YOU MUST BRING
YOUR CONFIRMATION
TO THE SEMINAR.**

Refund Policy: A \$50 cancellation fee applies for cancellations received by fax or mail on or before 8/11/17. No refunds after 8/11/17.

PAYMENT

- No Payments by Phone or Fax.
- Keep a copy for your records.

CHECK or Money Order

Please mail your check or money order (payable to BONENT) with this form to: ≡ BONENT, 100 South Washington St, Rockville, MD 20850

IMPORTANT (Payments by Hospital or Facility): If your registration fees are to be paid by your employer, be sure to tell them it must be **mailed no later than 7/26/17.**

CREDIT CARD

MAIL to BONENT address above.

Credit Card Information: AMEX MasterCard VISA

Please print clearly

Card Number _____

Expiration Date (Month/Year) ____/____ Security Code _____

Cardholder's Name on Card _____

Cardholder's Signature _____

